

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective January 1, 2003

Application or Docket Number

3625-016

**CLAIMS AS FILED - PART I**

|   | (Column 1)    | (Column 2)   |
|---|---------------|--------------|
| TOTAL CLAIMS  | 20            |              |
| FOR   | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 20 minus 20 = | * 0          |
| INDEPENDENT CLAIMS  | 10 minus 3 =  | * 7          |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

4/14/05

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | * 15                             | Minus ** 20                        | = 0           |
| Independent   | * 3                              | Minus *** 10                       | = 0           |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

1629

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 375.00 | OR | BASIC FEE | 750.00 |
| X\$ 9=    |        | OR | X\$18=    |        |
| X42=      | 162    | OR | X84=      |        |
| +140=     |        | OR | +280=     |        |
| TOTAL     | 495    | OR | TOTAL     |        |

10/672830

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE       | ADDITIONAL FEE |    | RATE       | ADDITIONAL FEE |
|------------|----------------|----|------------|----------------|
| X\$ 9=     |                | OR | X\$18=     |                |
| X42=       |                | OR | X84=       |                |
| +140=      |                | OR | +280=      |                |
| TOTAL      |                | OR | TOTAL      |                |
| ADDIT. FEE |                | OR | ADDIT. FEE |                |

| RATE       | ADDITIONAL FEE |    | RATE       | ADDITIONAL FEE |
|------------|----------------|----|------------|----------------|
| X\$ 9=     |                | OR | X\$18=     |                |
| X42=       |                | OR | X84=       |                |
| +140=      |                | OR | +280=      |                |
| TOTAL      |                | OR | TOTAL      |                |
| ADDIT. FEE |                | OR | ADDIT. FEE |                |

| RATE       | ADDITIONAL FEE |    | RATE       | ADDITIONAL FEE |
|------------|----------------|----|------------|----------------|
| X\$ 9=     |                | OR | X\$18=     |                |
| X42=       |                | OR | X84=       |                |
| +140=      |                | OR | +280=      |                |
| TOTAL      |                | OR | TOTAL      |                |
| ADDIT. FEE |                | OR | ADDIT. FEE |                |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus **                           | =             |
| Independent   | *                                | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus **                           | =             |
| Independent   | *                                | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.